

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21201 (1)
1. Corporation Name
BROWARD COUNTY FIREMATICS ASSOCIATION INC.



Principal Place of Business
**P O BOX 636431
MARGATE FL 33063**

Mailing Address
**9242 NW 24 PLACE
SUNRISE FL 33322-3220
US**

3. Date Incorporated or Qualified
06/18/1987

3a. Date of Last Report
03/13/1995

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0560529 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Country | | 29 Country | | | | | |
| 25 | | 30 | | | | | |

9. Name and Address of Current Registered Agent

**NICKERSON, CLAYTON W
9242 NW 24 PLACE
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|----------------------------|---------------------------------|--|---|
| TITLE | PD KWIECIEN, DAVID J | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4921 NW 76TH PLACE | 1.2 NAME | |
| STREET ADDRESS | POMPANO BEACH FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD GRAZIOSE, JERRY | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1560 SW 63RD AVE | 2.2 NAME | |
| STREET ADDRESS | MARGATE FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | SD KWIECIEN, OLGA | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4921 NW 76TH PL | 3.2 NAME | |
| STREET ADDRESS | POMPANO BEACH FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD NICKERSON, CLAYTON W | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9242 NW 24TH PLACE | 4.2 NAME | |
| STREET ADDRESS | SUNRISE FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/96 (954) 749-8381

Date

Daytime Phone #

CR2E037 (12/95)